


28: -272-B PART FEE

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

 <p>37</p> <p>4/28</p>	1. ADDRESSEE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
	OLE K. NILSSEN CAESAR DRIVE, ROUTE 5 BARRINGTON, IL 60010	INVENTOR'S NAME Ole K. Nilssen
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		CO-INVENTOR'S NAME
		Street Address
		City, State and ZIP Code
		<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/020,478	03/02/87	021	POWELL, M	03/14/89
First Named Applicant	OLE K. NILSSEN			
TITLE OF INVENTION	SELF-BALLASTED SCREW-IN FLUORESCENT LAMP			

I, OLE K. NILSSEN, HEREBY CERTIFY THAT THE DATE OF DEPOSIT WITH THE U.S. POSTAL SERVICE OF THIS PAPER OR FEE IS: 5/24/89

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2	315-072,000	R97	UTILITY	YES	\$280.00	07/14/89

Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
Ole K. Nilssen Caesar Drive Barrington, Illinois 60010	1 _____ 2 _____ 3 _____

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE:		<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> Advanced Order - # of Copies _____
(2) ADDRESS: (City & State or Country)		(Minimum of 10)	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION		6b. The following fees should be charged to:	
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A. <input type="checkbox"/> This application is NOT assigned.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
<input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.		(Signature of party in interest of record)	
<input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		(Date)	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		5/24/89	
		NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

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